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From chronicles to histories: narrating change in health-care organizations

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Abstract

Representations of the past and of expected futures cannot be chronicles of objective facts, since they are always shaped by particular choices of re-presentation; they are thus emplotted histories, or narratives. We follow such a perspective to show how managers' personal histories of organization change and their place within it, while on the surface appearing diverse, are in fact underlied by a limited number of plot elements that cut across these narratives of personal history. These narratives emerge from an emplotment process that serves to reduce and structure uncertainty by interpreting the chaotic and multifaceted flow of events via these established plots; enables managers to cope with substantial organizational change; and offers us a useful way to access managerial interpretations and coping strategies in the context of change.

Key Words: Narratives; Managers; National Health Service; Organization Change

From chronicles to histories: narrating change in health-care organizations

1.Introduction

Narrative and Organization

Narratives are a basic ingredient of organizational life (Barry and Elmes 1997; Czarniawska, 1997; Watson, 2009; Weick 1995). They help actors resolve complexity and ambiguity, organising experience into familiar conceptual inventories, and providing recipes for inference and action (Clarke, Brown and Hailey, 2009; Collins, Dewing and Russell, 2009; Gabriel, 2000). They can enhance understanding of sociological phenomena within organizations because they are a means of cultural transmission. Narratives underpin how meso- and group-level processes - such as change (Buchanan and Dawson, 2007; Dawson and McLean, 2013; Rouleau, 2005; Taylor, 1999), formation of organizational identity (Fenton and Langley 2011), and enactment of leadership (Carroll, and Levy, 2010; Parry and Hansen, 2007) are interpreted and take shape at the micro-level.

The use of narrative in research to investigate organizations has grown since seminal studies established the broad relevance of a story-telling perspective (Boje, 1991; Gabriel, 2000; Czarniawska 1997), to a number of specific areas of study such as: diffusion of innovations and of rhetoric (Abrahamson and Fairchild 1999; Bartel and Garud 2009); ethics and governance (Morrell and Tuck, 2014; Rhodes, Pullen and Clegg,

2010); the source and use of power in organizations (Benjamin and Goclaw 2005; Chreim 2005); management as practice (Alvesson and Sveningsson, 2003; Watson 1995); and work identity (Grendron and Spira 2010; Sonsino, 2005). Narrative has also been used to investigate how members make sense of organizational change (O'Connor 2000; Taylor 1999), and to understand change itself, since narratives do not simply relate change, but constitute change. This is because narratives, 'are both about, and become, the change process' (Buchanan and Dawson 2007: 669).

Narrative often features in research examining change in health care organizations, health policy, and public management (Hodgetts and Chamberlain 2003; Doolin 2003; Macfarlane Exworthy, Wilmott and Greenhalgh 2011; Morrell, 2006, Borins 2011). Even in this applied setting, the way narrative is used can vary widely: from broad accounts of reform in healthcare governance (Ferlie, 2010; Morrell, 2006), to the study of sensemaking by individuals and groups in the National Health Service (NHS) (Currie and Brown, 2003), to conducting systematic reviews of bodies of research (Greenhalgh et al, 2005), to the construction of patient safety knowledge and its impact on practice (Waring, 2009), to how public narratives of trauma shape service provision (Mohatt et al, 2014), and to detailed examinations of management activity in health care (Llewellyn,[S] 2001). Only comparatively recently has narrative been used to consider the governance of healthcare organizations in more detail (Macfarlane et al., 2011), and the public sector more widely (Borins, 2011). Exworthy (2011) linked the literature of illness narratives and healthcare governance in a study of health managers' illness narratives.

Although general linkages across narrative and change are well established, the process of how individuals move from experiencing a complex, unfolding scenario and array of

events, to an ordered narrative, is less well understood. In other words, we know and can demonstrate that stories are important in many ways, but we do not have as much insight on narrativization: the process of storying. This is the case in much applied research using narrative (Czarniawska, 2012), but it is perhaps of particular interest in relation to healthcare governance. This is because a recurring theme in work using narratives in healthcare organizations is how members cope (or struggle) with change (Bloom, 2011).

This challenge of how to understand storying is also a long-standing problem in the field of history: it is impossible to represent past events in all their complexity, multiple potential logics, and detail. This means that our accounts of the past can never be purely factual ‘chronicles’, as even “factual” lists presuppose authorial choices of what is to be listed, in what context, and why. Instead, histories are always ‘emplotted’– that is, made into ‘kinds’ of stories with a particular narrative logic (White, 1973). To develop understanding of emplotment as it relates to change in healthcare, we analyse how individuals move from experiencing a complex, unfolding array of events, to creating an ordered personal ‘history’. We do this using a three wave, longitudinal design that tracked accounts of change by senior managers in three acute NHS Trusts. Each Trust was undergoing extensive structural change. We analyse and explain transitions across from events to histories in terms of emplotment. This has implications for reform and for service-level design because it suggests that successful implementation should take account of how members emplot change. Perceptions of whether change is successful will partly be a function of events, but they will also be a function of how these events are storied. To develop these ideas, below we elaborate on the distinction between chronicles and histories, prior to introducing our data.

2.Chronicles and Narrative Histories

The history and employment of narrative in organization research are relatively brief and recent (Rhodes and Brown, 2005). At the most simple level a narrative is a representation of events (Rudrum 2005), where the particular meaning of “representation” connotes portrayal or depiction in a particular way. In this context, narratives are more than a simple record of a sequence of events (Pentland 1999). They are typically chronological, about a person or persons, told by someone, and have a context (Barthes 1977; Bruner 1990). This still leaves considerable space for uncertainty concerning exactly what does, and does not, count as narrative (Polkinghorne 1995); although Rudrum (2005) suggests we all have an inherent faculty for recognizing what he terms ‘narrative competence’. This is akin to a Chomskian skill of linguistic competence (Chomsky, 1965) based on shared cultural understanding. It allows us to recognise textual and oral narratives as such, and accommodate them into pre-existing conceptual inventories via our ongoing sensemaking processes (Weick, 1995):

not only do we all have certain intuitions (or know certain rules) about the nature of narratives and what they mean, but also, to a certain extent at least, we all have the same intuitions and know the same rules. It is this set of rules and intuitions, this narrative competence, that allows us (human beings) to produce and process narratives, to tell, retell, paraphrase, expand, summarize, and understand them in like manner (Prince, 1982: 181).

As a vector for common cultural understanding, narrative competence has clear benefits. Yet this also suggests that when we relay meaning, understanding may be heavily freighted and pre-packaged, in a process of smoothing out complexities and ambiguities along the lines of prevalent understandings or our communicative intent. Any narrative, even where a narrative is defined as starkly as a “representation of events”, involves

reliance on discursive structures and taken for granted assumptions. Therefore turning events into narratives, or storying, always involves choices of representation and embeddedness in particular contexts (Sims 2003). We depend on shared rules and intuitions when it comes to the representation of “factual” events, and in this sense there are no neutral accounts of events, or pure chronicles. Therefore history, inescapably, is always partial and selective, seen through the prism of narrative.

To give form to this idea, the historian Hayden White coined the term “emplotment” (White, 1973). Any account of history involves emplotment, because we can never recreate the past in all its detail and complexity. Instead, in any historical account we always have to create some version of the past, a narrative that by necessity is situated, occasioned and incomplete. This means that whenever we try to describe the past we can never be simply objective chroniclers. As Montrose observes, “we can have no access to a full and authentic past, a lived material existence, unmediated by the traces of the society in question” (1989: 20). Instead emplotment involves “introducing structure that allows sense to be made of particular events” (Czarniawska 2012: 748; see also Czarniawska and Rhodes 2006). Histories are culturally embedded, and interpretations about the meaning of any history depend on identifying what kind of story is being told.

Narrative competence means that authors and readers of histories, whether they are politicians, academics, practitioners or managers, draw on established conventions and templates to present their accounts of events (Davenport 2011). Some of these narrative templates, sometimes referred to as “strong plots”, are particularly compelling and used repeatedly across different genres because of their familiarity and impact (Czarniawska and Rhodes 2006; Morrell and Tuck, 2014; Rhodes, Pullen and Clegg, 2010). They can

include tales of heroes conquering adversity, a fall from grace, a journey of exile and redemption, or the detective story structure where the main protagonist seeks the truth. In what follows we use an analysis of narrative templates, to illustrate emplotment at work in healthcare histories. The concept of strong plots could help us to understand better how change initiatives are perceived as successes or failures. Emplotment suggests these perceptions will partly be a function of events and empirical realities, but they will also be a function of how these events are emplotted. Being tuned in to the logic of strong plots can be important in a change process in terms of trying to challenge or reframe perceptions or articulate a vision. Another implication for those leading change is that they have to think not just of their story, but how that story will in turn be translated and relayed.

3.Context and Method

Nine Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) were established in October 2008 in the wake of the Cooksey Review (2006). Each CLAHRC was intended to create a new, distributed model for the conduct and application of health research linking those who conduct applied health research with all those who use it in practice across the health community covered by the collaboration (NIHR, 2011).

As part of a project conducted under the auspices of a CLAHRC an in-depth evaluation of service change and redesign was conducted over a five year period. A mixed methods design was used involving interviews, observation, case studies and analysis of routinely

collected data. A number of in-depth interviews focussed on exploring the process of service redesign were undertaken in three NHS Acute Trusts. These were:

Greenfield Trust - a single hospital that was located in a recently completed new building that primarily serves the inhabitants of a single town.

Brownfield Trust - formed when two medium sized Trusts merged. It has two main hospital sites and a small community hospital. The long term plan was to relocate all services on a single site, however little progress had been made in this respect at the time of the study.

University Trust - a large Foundation Trust comprising two medium sized hospitals. During the study the services they provided were brought together in a large new hospital building, and the old sites were decommissioned.

Across these sites, the focus was to see how changes in service design were understood, governed and implemented over time by senior NHS managers. This offered an excellent opportunity to analyse the shift from experiencing a complex array of events to emplotment, creating a personal history or narrative of these events. Interviews elicited accounts of change from 62 senior managers in three acute NHS trusts at three intervals during the five year period. A subset of 27 interview transcripts was selected for analysis from this perspective, based on the longitudinal and distributed nature of this corpus. These were 3 interviews of each of 9 managers (3 managers from each trust) who were in post for each of the three waves of the study over the five year period. organizationThe longitudinal design, and the successive waves of interviews offered an apt opportunity to analyse narrativization in terms of shifts from experiencing complex events to creating

personal histories about the changes being experienced. To do this we focus on the overall structure of these histories seeing them both in terms of individual, coherent and self-contained narratives, as well as a general form. In doing so we analyzed how each history was organised in terms of its underlying plot, rather than simply considering their thematic content.

Rather than simply concentrating on the features and content of stories (a thematic or content-analytic strategy), we thus focus on analysing how that content is organised, on the structure of a narrative and on how different themes interlock. This approach draws on a morphological or formalist perspective (Morrell and Tuck, 2014), arguably the major contribution of the 20th Century to structural analysis of narrative (Breton, 2009; Lamberg and Pajunen, 2005).

To guide this approach we drew on an influential formalist analysis of strong plots: Propp's *Morphology of the Folk Tale*. Propp's (1968) concern was not with the content or subject matter of individual folk tales, his interest lay in the folk tale as a general form, seeking to lay bare the mechanisms of plotting in these tales. He characterized his project as "a description of the [folk]tale according to its component parts and the relationship of these components to each other and the whole" (1968: 18). As Todorov (1969: 71) further noted, the structural analysis of narratives "will discover in each work what it has in common with others", moving from the qualities of individual narratives to more general, abstract, structural properties. Here, taking advantage of our longitudinal design, we focused on how change was storied at three different time periods, showing rich accounts or emplotment of different personal histories.

4. Analysis

Table 1 shows extended, worked examples of the shift from events to personal histories - drawing on interviews at three periods in Brownfield Trust:

Table 1: Emplotment at Brownfield Trust:

Event timeline	Emplotment
The Finance Director (FD) of Brownfield Trust in 2009 anticipating how the opening of a new hospital would be received	I've been involved in one, two, three big hospital changes in three different organizations and so you always have this lull where until the building's there and until they can physically see that they're actually moving in, etc., you'll get a lot of, you know, apathy, etc., it's not going to happen, not yet, it's miles away, etc., then the panic sets in saying, "Oh my God we're moving in and we haven't even, we've got loads to sort out, you know" and things like that and then when they, then there's the excitement of moving in and then you do get a sense of, you know, people saying, "yeah, actually it's really nice in here, you know, you've got a nice shiny building, you've got a lovely place to work, you know, you've got clean lines, paint on the walls, etc.", and so you get a real, that's what I've noticed is that, especially the staff who move in, they get a real buzz out of it and they say, actually this is our building, so, because they've actually, they're then right from the start as well, so that's what I've noticed in all the other ones that I've been involved in. I don't see how this'll be any different.
The same FD in 2011, while the move into the new hospital was being put in effect	So we have an interim chief exec and the permanent chief exec won't probably be in till about June time, something like June, July. So it's almost having, it's what do we need to do to ensure that we have a viable organization for 1 April, but knowing that potentially other changes coming through when the new chief exec comes in. So we are in a bit of a transitional stage all round.
The same FD in 2012 reflecting on the history of the Trust	Once we moved in and things were running properly it was then a matter of okay, now...and while we were moving in we also then integrated with Community Services, so it was a matter then of saying, "Okay, how do we get a successful integration with Community Services?" and that was all done prior to the new Chief Exec coming in etc. So that all happened and then from there it's now about, "Okay, how do we prepare for Foundation Trust?", it's all of those, there's been some big, big things where we've

	had focus on, management focus on, as we've moved forward and now the next one is the FT.
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An obvious, though important and interesting aspect of this narrative as a “representation of events”, is that the narrated events lie in the future. The FD's anticipation of the event was not as something unprecedented or uniquely complex, but as following a predictable pattern based on previous experience. Considering none of the events had happened, it is a specific and elaborate account which has definitive temporal markers that anchor the narrative. There is a time, when the building will still be shiny, and have nice lines, when it has been painted. Even before change has happened, this is an example of emplotment at work because (anticipated) events are fitted into a pre-existing narrative template. This could be summarised as beginning > end emplotment, a type of prospective sensemaking.

This perspective gives insight into the story structure of personal histories. This beginning > end emplotment is a fundamental building block in what is sometimes called a “narrative arc” (Morrell and Tuck, 2014) or “story line” (Greenhalgh et al., 2005; Learmonth, 2001). This was a useful analytical focus because the arc implied in a beginning > end story structure mirrors how we conventionally understand implementation of change (as before and after phases). It also mirrors the structure implied in the creation of a personal history - a shift from the initial experience of an array of events (beginning) to a personal storying and then representation of those events to others (end).

The broader context of the emplotment process across all cases is the organization seen as a protagonist on a quest, that is, making radical changes in order to be able to effectively

accomplish its mission. The agents present their own stories as protagonists by proxy, overcoming adversity and uncertainty within this larger context. This narrative emplotment process that is manifested in personal histories not only provides a sensemaking structure to an otherwise unstructured, multi-faceted flow of events, but also serves to help agents cope with the high levels of uncertainty that the broader organizational changes entail.

The FD describes change in terms of a neat sequence of collective emotions, a series of steps from calm to panic to excitement to adjustment. The FD gives examples of what we would call “meta-employment”; (a story about the story others will create): “[people] saying, ‘Oh my God we’re moving in and we haven’t even, we’ve got loads to sort out, you know’.”

In the second interview this process is more vague and unlike the sequence of steps or sense of an order, and precision about what would happen when the move was complete, an employment that could be summarised as “transition”. The move into the new hospital coincided with an unexpected change in leadership, and lack of clarity concerning who would be the new leader. In this context the date does not serve as a definitive temporal marker to anchor the narrative (it is unlike the references to clean lines, paint, and a shiny building in the FD's anticipation of moving). Instead it reinforces the sense of uncertainty.

Retrospectively, change is understood as occurring on different levels: logistics, operations management, service reconfiguration, leadership, and strategic planning. From the FD's description, these are heterogeneous, overlapping strands that remain enduring sources of complexity. Even so, the complexity and uncertainty are tamed in this employment process, as the organizational change is narrativised as a sequence of logical, successive stages with definitive start and end points. These are either synchronous: “while we were moving in we also then integrated”; or they dovetail: “that took about three/four years”, “that was all done prior to the new Chief Exec coming in”, “that all happened and then from there it’s now about [preparing for foundation trust status]”.

To further demonstrate the workings of emplotment here is an example of it in action at University Trust.

Table 2: Emplotment at University Trust

Event timeline	Emplotment
<p>Nurse Director of University Trust 2009</p> <p>Preparation period for centralisation of services on one new build site.</p>	<p>We need to communicate as much of the picture as we can give them. Because if you only tell people a little bit of the story they make the rest up. That's human nature isn't it? And what we don't want is mass attrition. It's the same with the nursing staff, and the therapy staff, and the porters. We can say don't worry forever, but actually in times of a credit crunch what people are thinking is will I have a job in 2011. Because what you read in the news, service is going to constrict, will I have a job? You can see people thinking about it. So the other thing is obviously our plan was always as we were moving in now, knowing that we've got to change our staffing, we would appoint more and more temporary posts. Well of course in a time where jobs were plentiful, that was great, but people don't want to come for temporary posts when there's no money, and when their chances of getting a job later are remote. So we do have to think of more creative ways to do things.</p>
<p>Nurse Director of University Trust 2010</p> <p>Interview conducted several months after the move to the new hospital had taken place.</p>	<p>At the beginning people didn't like changing the routine so what you end up with at the beginning is people saying "I'd quite like to move"; so when we did the organizational change so we gave people the opportunity to move which is always dangerous that you'll have this massive move around and you'll have no one with an organizational memory on your ward. So what happened was when lots of people wanted to move from certain services and so we knew that they weren't happy. What we found was that we could not move everybody at once because that would have been unsafe so we said well we'll move people over a period of time and over a period of time people have said "I'm alright now, I think I'll stay". So I think what we're seeing is the consequences of change.</p>
<p>Nurse Director of University Trust 2012</p> <p>Two years post move/centralisation of acute services.</p>	<p>And I think this place, which had been in a really bad place back in the 90s I think and had been in the red and you know there had been hatchet men and, the whole story, I don't remember that, long before me being here. I think this place learned the pain of being that poor and just was never going to do it again and I think [anon] and the team, and [anon] before him, have always put together a war chest if you like, expecting there to be no jam tomorrow. So I think it's that and I also think there's been a huge drive to become very good at the tertiary stuff to attract it in and it's worked... I</p>

	think it's about good negotiation and careful planning really, over years.
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Similar to the first set of interviews, the organization as protagonist is undergoing change, and the agent positions herself in the context of this process; in a sense as a proxy protagonist within the broader organization change process; again overcoming adversity and reducing uncertainty, via communication and planning, and learning from experience.

Prior to the centralisation of services, the ND expressed caution about how change needed to be communicated, or how it would be interpreted in certain ways. Echoing the framing of the FD from Brownfield Trust, this is another example of “meta-emplotment”. The ND's emplotting of the change process involves a concern with how others in turn would emplot how change was communicated. This is an important aspect in understanding how change is governed. Those who plan and/or implement change need a good grasp of the story they will tell about that change - which involves emplotting complex events into a communicable narrative. But they also need to have a sense of how that story might be converted into other stories.

Managers at Greenfield trust similarly sought recourse to emplotment in their accounts of organizational change.

Table 3: Emplotment at Greenfield Trust

Event timeline	Emplotment

Director of Performance at Greenfield Trust in 2009 explaining the changes that would be needed when services were integrated on the newly refurbished hospital site.	...people who are professionally clinical, whether they're a doctor, an allied health professional, or a nurse, are not trained to think in different ways other than the ways they have always trained. Now I would argue and do constantly with them that particularly in medicine you're constantly pushing the medical boundaries, but that's very hard for doctors to see because they're in their comfort zone. So what we're saying is what you've done up to now has been fit for purpose for the agenda up to now, but we want you to throw all the toys up in the air, scatter them about and have a little look and see what we're going to do differently, and really driving that principle of patient centred care.
Change of role to Interim Director of Nursing shortly after the refurbishment was completed 2010.	So you know even today when I went on the wards it was "oh have you come to tell us off about the beds" and I went "no why would I? I don't want to talk about the beds, I want to talk about, you know, you as a sister, how you're doing and to thank you for the work that you've done". So what I'm trying to do is engender this trusting relationship where they are held to account, absolutely challenged and held to account but not in a punitive way, which is what their response is always whether they're going to be in trouble, "why are you here? because I'm in trouble?" "No, why would you be?"
Confirmed in post as Director of Nursing. 2012 reflecting on a year of activity as an integrated trust	...how has it changed over 12 months? I suppose it has grown by its very nature because we became an integrated organization and with that brought a lot of opportunity really, because you'd become responsible and accountable for a lot that you knew less about before, i.e. community services, and aroused you to focus the mind on what are the strategic priorities for the organization at the same time as we're looking at Foundation Trust status. So I suppose in my view it has been a little bit like living in two worlds, so some of it's been very frenetic because all of those three things are very busy and slightly disparate in points in time, but as that frenetic activity comes into pieces of work it all comes together, so the Organization Development program for one and all is a massive driver.

In these extracts the template of a narrative arc can provide a sense of continuity and order in the face of a complex series of changes to the context, organization and role. When thinking about the changes that will be required when the hospital refurbishment is complete the Director of Performance uses familiar tropes such as “comfort zone” and “throw all the toys up in the air”, a variation of “throw toys out of the pram” to signal the need for change whilst indicating that professionals can be difficult to manage and are likely to react to change in a negative way (another example of meta-employment). In setting out the need for change in the context of the anticipated reaction on the part of the health professionals involved, the Director is presenting a familiar starting point for a process of change which provides a structure for her account. The change in role is accompanied by efforts to balance the need to support staff whilst challenging them, “but not in punitive way”, to deliver services in different ways as part of the overall change process underway at the trust. Twelve months on from the integration of services at the trust, and confirmed in post as Director of Nursing, the respondent’s narrative has shifted to one of integration. Following a period of “frenetic activity”, “living in two worlds”, “it all comes together”. With the final step the process of storying is complete.

As with the first two sets of interviews, the broader context is organizational change, with the agent positioning themselves as a proxy-protagonists who is dealing with high levels of uncertainty and disorder, aiming to deal with this uncertainty by encouraging others to see things in new ways and to take ownership of their role. The process moves from uncertainty and disorder, through reassurance and challenge, to the end goal of an “integrated organization” where the agent overcomes adversity.

The complex elements of a major program of organizational change are understood as coalescing in sequence as a strong plot about beginnings, middles, and endings takes shape.

5. Discussion

Boyce (1996) noted that instead of one reality, there are multiple realities to be uncovered, spoken, heard and understood to develop a holistic picture of an organization. The managers in our study demonstrated this process in action. The construction of a plot is a distinctive sensemaking as well as managerial task, whether consciously intended or not (Llewellyn [S] 2001) and occurs during and following significant events, as we found in our study. Llewellyn [N] (2001) found that respondents in his study of a modernisation project in a local authority to make it more responsive, made sense of the process by imposing a basic narrative structure on what they had experienced consisting of the traditional past and the modern future. He suggests that change is itself an accomplishment in narrative yet the overarching nature of strong plots provides a means to determine the similarities of such narratives across settings. Despite the superficial variability of the managers' narratives in our study, at a deeper level of emplotment there were substantial commonalities: the organization as protagonist on quest of self-improvement, the manager as a protagonist by proxy, looking at the future from a present perspective and based on past learning, and a process of overcoming adversity to in the end emerge victorious, having accomplished the quest.

As Beech (2000) has shown, this type of plot is associated with cognitive legitimacy; to secure legitimacy, an organization must be perceived as representative of the archetype of

a protagonist in search of a quest and the structure of this archetypal organizational narrative can serve as a critical organizational and management resource in its own right (Golant and Sillince 2007). Furthermore, stories and narratives are accepted not only on the basis of their fidelity to an archetype, but also according to the coherence of the story within an established plot structure and its plausibility in the light of events and decisions in the organizational milieu (Snowden, 2000; Golant and Sillince, 2007). The plausibility and legitimacy of the managers' personal stories is heightened by their long-term embeddedness in the story context and by drawing references from past learning.

Through recourse to the mechanism of emplotment we have sought to demonstrate how the managers' accounts of experiencing large scale organizational change can be read as personal histories. This is important because as well as developing stories to make sense of what is happening to us, we make things happen and perceive events in particular ways in order to give a satisfying, interesting or convincing development to the plot we have created (Sims, 2003). The managers in our study approached large scale change in a manner influenced by their emplotted histories in that part of their role is persuading people to act in particular ways in their organizations (Cunliffe, 2001).

Much organizational change literature, particularly from a process perspective, shows that change across large organizations and systems is complex, continual, multi-layered, open-ended and can take many years for its effects to be felt (Tsoukas and Chia, 2002 offer a review). Focusing on emplotment in the extracts above helps to show how people cope with the challenges of change by reducing and simplifying these complexities using templates - even before the change has happened. In our study this took shape through the use of plot mechanisms of the organization as protagonist overcoming adversity, a proxy

protagonist of the particular manager, a beginning > end format, and a victorious conclusion. This emplotment process underpins the kinds of strong plots that are a part of our collective narrative competence.

In common with a process perspective, literature on change in large healthcare organizations suggests that the effects of change can be unexpected, interconnected, and can have different impacts on different stakeholders at different times and at different scales (Franco, Bennett and Kanfer, 2002; Rowe and Hogarth, 2005). Gaining insight into how agents make sense of these processes via emplotment could be valuable for both change leaders as well as agents having to cope with change. The process of emplotment, or imposing narrative order on a complex and chaotic reality could help agents realise that they potentially have more agency in accomplishing as well as coping with change. Rather than change being “finished,” as part of discrete before, during and after phases, change could be seen as continually becoming and as about individual, local accomplishments (Tsoukas and Chia, 2002). .

Attention to plots in organizational actors’ narratives has been the basis of other contributions. O’Connor (2000) for example traced plots of life and death (of the organization), fall from grace, and growth in her study of a high technology company. Also therapeutic emplotment has been used to structure temporal horizons for patients in a particular way in order to instill and maintain hope in the context of arduous and toxic treatments (Crosley, 2003). The examination of personal histories to review significant policy change in health care has also demonstrated the potential of examining participants’ accounts to build understanding of significant organizational change (Gorsky 2010). In our case emplotment shaped the accounts of the managers not as

retrospective but as prospective sensemaking, even as they were considering what the change in their organizations would bring.

Whilst stories and narratives can entertain and edify, they also shape societies and cultures, through their roles in the social construction of realities and individuals' shaping of their actions (Watson 2009). In view of this there is considerable potential for social scientists to seek insights into these two aspects of human life by looking at narratives in a way which goes beyond the appreciation of stories in their own right (Watson 2009). Attention to the influence of emplotment and narratives as personal histories provides such insights.

6. Conclusion

This emphasis on emplotment as part of a change process and extends traditions of qualitative healthcare research that concentrate instead on thematic content. These contribute by identifying commonalities across data (expressed as codes or categories), and relations between these categories to reach aggregate themes, as for example in a coding tree (Miles and Huberman, 2013). Here we show how understanding the underlying structure of a narrative, rather than thematic analysis, can be important in terms of showing managerial sensemaking and coping strategies in action.

Emplotment features in all accounts of history because we can never have pure unmediated access to the past, or our expectations of the future, which are always seen through the prism of narrative. Analysing these personal histories as self-contained, coherent narratives, rather than focussing solely on the themes within them, provides a fresh perspective that can supplement the content-analytic strategies more typically used

in qualitative research. If we live by and through narrative, and if stories are the means by which we make sense of organizations, then we need to take them seriously. Consideration at the level of overall history shows how different narrators of change resolve complexity by organising experiences into familiar, strong plots - deeply inscribed cultural inventories for sensemaking. We have endeavored to show how this analytical approach generates insights into how managers frame and “story” organizational change, and their role within it. The idea that there are pre-existing structures for sense-making manifesting through narrative plots or argumentational structures is challenging. Yet, it reflects fundamental analytical developments in literary criticism and philosophy (Barthes, 1977; Propp, 1968; Todorov, 1969) as well as empirical organizational analyses (Bartel and Garud, 2009; Chreim, 2005; Heracleous and Barrett, 2001).

Our own paper can itself be considered a narrative (Barthes 1977) because it represents particular choices and orientation to the data; our identification of a timeline in the tables for example is itself emplotted. However this approach presents a promising line of analysis for examination of the experience of these key social actors. As Exworthy (2011) observes health managers need not only to be “intelligent consumers” of narratives but also counted among the “producers”, and this requires further investigation.

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